

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/830222		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							61				
2							62				
3							63				
4							64				
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37							97				
38							98				
39							99				
40							100				
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44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	15						TOTAL IND.				
TOTAL DEP.	37						TOTAL DEP.				
TOTAL CLAIMS	52						TOTAL CLAIMS				

Best Available Copy